April 30, 2003

Re: MDR #: M2-03-0747-01

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ____ for an independent review. ____ has performed an independent review of the medical records to determine medical necessity. In performing this review, ____ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Orthopedic Surgery.

Clinical History:

This 42-year-old woman was injured on ____, complaining of head, neck and right shoulder symptoms. Failing to respond to symptomatic treatment by her primary physician, she saw an orthopedic surgeon who rendered a diagnosis of "right shoulder impingement with AC arthropathy and rotator cuff tendinopathy and possible partial tear." An electromyogram and nerve conduction study on 04/11/02 shows findings consistent with right C-7 radiculopathy and right ulnar nerve entrapment at the elbow, and right median nerve entrapment at the wrist.

Cervical MRI on 04/01/02 shows disc space narrowing at multiple levels, a possible C5-C6 disc lesion, and other changes consistent with degenerative disc disease. Right shoulder MRI on 04/24/02 revealed acromioclavicular joint arthropathy and multiple signal changes consistent with both acute injury and chronic degenerative changes in the humeral head, clavicle, acromion, and tendons of the rotator cuff.

Disputed Services:

Right shoulder arthroscopy and ligament release and debridement.

Decision:

The reviewer disagrees with the determination of the insurance carrier. The reviewer is of the opinion that the procedure in question is medically necessary in this case.

Rationale for Decision:

The MRI and the clinical findings of an orthopedic consultant are consistent with chronic and acute changes, likely to be improved by decompression of the right shoulder subacromial space.

I am the Secretary and General Counsel of ____ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers

or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by ____ is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within ten (10) days of your receipt of this decision (28 Tex. Admin. Code 142.5©).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within twenty (20) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) days** after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings Texas Workers' Compensation Commission P.O. Box 40669 Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on April 30, 2003.

Sincerely,